

School-Based Health Center Assessment of Non-Billable Activities
Massachusetts Department of Public Health

School-Based Health Center:

Date (mm/yyyy): __ __ / __ __ __ __

Total # of student days this month (should not exceed 23 days): _____

School population this month: _____

This month's hours of operation: _____

Total # of enrolled clients: _____

Total # of visits this month: _____

Hours

Therapeutic Groups

_____ Medical Clinician Hours
_____ Mental Health Clinician Hours
_____ Administrative Assistant Hours
_____ Program Manager Hours
_____ Other Staff (Specify) _____

Classroom Health Education

_____ Medical Clinician Hours
_____ Mental Health Clinician Hours
_____ Administrative Assistant Hours
_____ Program Manager Hours
_____ Other Staff (Specify) _____

School-Wide Health Activities

_____ Medical Clinician Hours
_____ Mental Health Clinician Hours
_____ Administrative Assistant Hours
_____ Program Manager Hours
_____ Other Staff (Specify) _____

Hours

Parent Meetings/Calls

_____ Medical Clinician Hours
_____ Mental Health Clinician Hours
_____ Administrative Assistant Hours
_____ Program Manager Hours
_____ Other Staff (Specify) _____

Student Support Team Meetings

_____ Medical Clinician Hours
_____ Mental Health Clinician Hours
_____ Administrative Assistant Hours
_____ Program Manager Hours
_____ Other Staff (Specify) _____

Case Management

_____ Medical Clinician Hours
_____ Mental Health Clinician Hours
_____ Administrative Assistant Hours
_____ Program Manager Hours
_____ Other Staff (Specify) _____